	1/0 t . D	_		
	ark S. Frazier, Poo	s Se		
- 4		and the second of the second o		
(In t	he space above enter the full name(s) of the p	vlaintiff(s).)	19	090
	- against -			
T	he State of PA -	The	COMPL	MNT
Cin	to of Phila Ser	HR.	Jury Trial: 12 Y	es □ No
			(che	ck one)
(In the s	pace above enter the full name(s) of the defend	dant(s). If you		
cannot fi	t the names of all of the defendants in the spa rite "see attached" in the space above and at	ice provided,		
addition	al sheet of paper with the full list of names. To the above caption must be identical to those c	he names		
OSIEG IN	ddresses should not be included here.)	omunea m		
	Parties in this complaint:			
	THE FIRST THE COMPANIES.			vour identificatie
Part I. A	List your name, address and telephone r number and the name and address of you	ur current place of confinem	in custody, include ent. Do the same fo	or any additional
Part I. A	List your name, address and telephone r	ur current place of confinem	in custody, include ent. Do the same fo	or any additional
Part I. A I. A.	List your name, address and telephone r number and the name and address of you plaintiffs named. Attach additional shee	ur current place of confinements of paper as necessary.	ent. Do the same fo	or any additional
Part I. A	List your name, address and telephone r number and the name and address of you plaintiffs named. Attach additional shee	ur current place of confinements of paper as necessary.	in custody, include tent. Do the same for	or any additional
Part I. A I. A.	List your name, address and telephone r number and the name and address of you plaintiffs named. Attach additional sheet	ur current place of confinements of paper as necessary.	ent. Do the same fo	or any additional

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Telephone Number

List all defendants. You should state the full name of the defendants, even if that defendant is a government

S	gency, an organization, a erved. Make sure that the Attach additional sheets of	
Defendant	t No. 1	Name The State of PENNSYLVANIA
		ι
		County, City HRTTIShurg
		Street Address County, City HATTISHUTS State & Zip Code PA
Defendan	t No. 2	Name The City of Philadelphia
		Street Address
		County, City Phila,
		State & Zip Code PA
Defendant No. 3		Name SEDTA
		Name SEPTA Street Address 1234 Market St.
		County, City Phila
		State & Zip Code DA
Defendan	t No. 4	Name
17010Hddi.	210.	Street Address
		County, City
		State & Zip Code
II. :	Basis for Jurisdiction:	
involving case invo 1332, a c	a federal question and ca lying the United States C	I jurisdiction. Only two types of cases can be heard in federal court: cases uses involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § one state sues a citizen of another state and the amount in damages is more than p case.
A. }	What is the basis for fede Federal Questions	ral court jurisdiction? (check all that apply) Q Diversity of Citizenship
В.	If the basis for jurisdiction issue? 4th And Copy 12 9 4th And	n is Federal Question, what federal Constitutional, statutory or treaty right is at and month, 5th amenoment, 6th annexament, which are a supplied to the contract of the cont

В.

		Case 2:19-cv-00902-NIQA Document 2 Filed 03/01/19 Page 3 165
		their office I come
è	C.	If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?
		Plaintiff(s) state(s) of citizenship
		Defendant(s) state(s) of citizenship
	m.	Statement of Claim:
-	cite any	Case 2:19-cv-00902-NIQA Document 2 Filed 03/01/19 Rege This Helm was the facts of jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party? Plaintiff(s) state(s) of citizenship Defendant(s) state(s) of citizenship Statement of Claim: String yas possible the facts of your case. Describe how each of the defendants named in the caption of this unit is involved in this action, along with the dates and locations of all relevant events. You may wish to further details such as the names of other persons involved in the events giving rise to your claims. Do not you case or statutes. If you intend to allege a number of related claims, number and set forth each claim in a te paragraph. Attach additional sheets of paper as necessary.
	A. 	Where did the events giving rise to your claim(s) occur? CENTER City, Municipal, Ibutban Statish
	В.	What date and approximate time did the events giving rise to your claim(s) occur? $\frac{1}{3/2}\frac{1}{2\sqrt{19}} - \frac{1}{7/2}\frac{1}{2\sqrt{9}}$
What happened to you?	C. ANE Al	Facts: Plaintiff precently filed a case with) witness statements, and one of which details the p confirms that along with the last alkest & [Aintige that he had given the witness Es flash drives, coult and had since the
Who did what?	PE SE	police were arrecting him, AND SO, this was of a police was a police of a
Was anyone else involved?	wi	Central change from set AND this three times to age of the cost was dismissed AND this three times to a signed a statement, simes of the signed a statement, simes of the signed a statement,
Who else saw what happened?		Copy Right IAW makes it clear that (person Cha Keep bos, nging Mction As many as st occurs, especially in the face of Fract. plaintiff holdings on Clash drive soes be common almost over to circumstances as a
	Rev. 10	

IV.	Injuries:
-	sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, quired and received. THIS OF PINALLED TO LIFE.
	Defendants
v.	Relief:
	what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and sis for such compensation.
<u></u>	Phintitt seeks impounding and
06	Plaintiff SEEKS to DE COMPENSATED
-4 	on these wrongful possessions,
	against deterdant(s) to prevent
	interitering w/ plaintiff's In eights
	(Michilary)

I declare under penalty of perjury that the foregoing is true and correct.
Signed this day of ,20_19.
Signature of Plaintiff Mark Deaser Pro Se Mailing Address 3,5 S. Broad St Phila, Pa 19107
Telephone Number No Ph Fax Number (if you have one) NA
E-mail Address M. 470 Dayaboocon
Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.
For Prisoners:
I declare under penalty of perjury that on this day of, 20, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.
Signature of Plaintiff:
Inmate Number